

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NEW MEXICO OIL AND GAS COMMISSION
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

9/5F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

| | | | |
|---|--|---|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM 6852 | |
| 2. NAME OF OPERATOR Fred Pool Drilling, Inc | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 1393, Roswell, N.M. 88201 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 2310' FWL of section | | 8. FARM OR LEASE NAME Chukka Federal | |
| Unit F SE 1/4 NW 1/4 | | 9. WELL NO. #1 | |
| 14. PERMIT NO. | | 10. FIELD AND POOL, OR WILDCAT Artesia Oil Pool | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3633 GR | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12: T-18-S, R-27-E | |
| | | 12. COUNTY OR PARISH Eddy | |
| | | 13. STATE NM | |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | |

| | | | |
|-----------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

5-3-85 To complete, run PFC GammaRay log & Perf from 1508-1520 ft. 12 holes run packer and acidize with 1000 gal 15% NE/FE and ball sealer. Frac with 30,000 gal. Gelled 2% KCL H₂O, with 245 sacks 20/40 sand and 225 sacks 12/20 sand for prop agent.

5-4-85 Flow well down and run 1518' of 2 3/8" tubing and load with S.N. at 1488' Run 2" X 1 1/2" X 12' Loc-No Rod pump, 58 rods, 14' of subs 12' Polish rod. Hung well on for production test.

18. I hereby certify that the foregoing is true and correct

SIGNED R. L. Peterson TITLE Production Superintendent DATE 5-6-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAY 8 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO